

EDGEFIELD COUNTY YOUTH FOOTBALL LEAGUE

2009 FOOTBALL REGISTRATION

Please complete all the information on front and legibly sign where applicable.

FOOTBALL INFORMATION: Please list **ONE** child **per** form-**Proof of age and Birth Certificate** required for new participants. **No equipment will be issued until full payment is received.**

Name: _____ Birth Date: _____ Age(as of 9/1/09): _____ Address: _____ City: _____ ST _____ Zip _____ Home Phone: _____ Parents: _____	Returning ECYFL Player: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of years in League: _____ Team: _____ September Grade: _____ School: _____ Jersey Size: _____ Ht: _____ Wt: _____ Guardians: _____
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Please list any important medical conditions That coaching personnel should be aware of: _____ _____ _____ Allergies: _____ _____ _____ Primary Physician: _____ Phone: _____	Other siblings registered in 2009 with ECYFL: Name: _____ Age: _____ _____ _____ _____ Medication(s): _____ Insurance Co: _____ Policy Number: _____ Dentist: _____ Phone: _____
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PARENT INFORMATION

Volunteers run ECYFL. We need parents to help so the league can operate. Please check one or more of the following: ☐ Parking ☐ Chain Gang ☐ Concession ☐ Cheerleader Coach ☐ Football Coach ☐ Team Mom ☐ Team Dad ☐ Banquet Planner ☐

Father: _____ Home Phone: _____ Work: _____ Cell Phone: _____ Pager: _____ E-Mail: _____	Mother: _____ Home Phone: _____ Work: _____ Cell Phone: _____ Pager: _____ E-Mail: _____
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Emergency Contact (other than parents): _____
Relationship: _____ **Phone: (H)** _____ **(W)** _____ **(C)** _____ **(P)** _____

LIABILITY WAIVER

I do hereby grant permission for the above named youth to participate in any and all activities of the ECYFL during the 2009 season. I assume all risks and hazards incidental to such participation including transportation and from such activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the ECYFL, organizers, respective coaches, assistants, league officials, agents, other players or parents/guardians, sponsors, supervisors, participants, volunteers, and any other persons from any and all claims for damage or injury arising from any activities of this sports program, except the extent and in the amount covered by accident or liability insurance. I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and staff to provide any treatment that that physician deems necessary for the well being of the child.

I understand that the assignment of my child to the League teams is at the discretion of the League Officials. I will furnish a Birth Certificate of the above named candidate when requested to do so by the code of conduct in the ECYFL and the code of conduct in the ECYFL Bylaws.

Players Name: _____ **Date:** _____ **Parent/Guardian:** _____ **Date:** _____

ECYFL USE ONLY:

NOTES: _____
Registration Date: _____ **Cash** _____ **Check#** _____ **Amount** _____
League Assigned: (1) 6,7&8 _____ (2) 9&10 _____ (3) 11&12 _____